



POLICY ID	BP-E-02	SUBJECT	TESTING ACCOMMODATIONS POLICY
SECTION	EXAMS		
EFFECTIVE DATE	28 APRIL 2018	REVIEW CYCLE	EVERY TWO YEARS
DATE AMENDED	11 JUNE 2023	NEXT REVIEW	SPRING 2024

Policy

CCEB examinations are designed to test the knowledge, skills, and abilities of those seeking admission to the practice of chiropractic in Canada. It is the policy of the CCEB to administer the written and practical examinations in such a manner that qualified Candidates with disabilities and religious beliefs will not be disadvantaged. The CCEB acknowledges that reasonable testing accommodations will be made for persons with disabilities and religious beliefs.

A Candidate may request reasonable testing accommodations. Testing accommodations are adjustments or modifications to the standard testing procedures or testing conditions that assist in removing any barriers faced by the Candidate in writing the examination as a result of a physical disability, mental disability, or religious belief. Such testing accommodations are to provide Candidates with an opportunity to demonstrate their knowledge or proficiency as required and must not disadvantage other Candidates and must not alter the validity or the reliability of the examination(s). Accommodation does not relieve the Candidate of the responsibility to demonstrate the Candidate has the knowledge, skills, and abilities necessary to practice chiropractic.

The Candidate agrees by requesting testing accommodations that the CCEB has the right to disclose any testing accommodations granted to the provincial and territorial chiropractic regulatory bodies for the purposes of consideration for professional licensure. Any impact on the licensing of a Candidate is at the sole discretion of the provincial and territorial regulatory bodies.

Purpose

To provide a fair and transparent process for considering requests by Candidates seeking testing accommodations with respect to CCEB examinations.

Definitions

In this policy:

“*application deadline*” means the date posted on the CCEB website in respect of a specific examination.

“*Candidate*” means an individual who is eligible to take (a) CCEB examination(s).

“*CCEB*” means the Canadian Chiropractic Examining Board.

“*current*” means that a Candidate has been tested within the last 6 months for temporary disabilities, or within the last 4 years for permanent disabilities, and can provide reports/documentation thereof.

“*disability*” means a physical disability or a mental disability.

“*mental disability*” means any mental disorder, developmental disorder or learning disorder, regardless of the cause or duration of the disorder.

“*physical disability*” means any degree of physical disability, infirmity, malformation, or disfigurement that is caused by bodily injury, birth defect, or illness.

“*religious belief*” means a sincerely held religious belief that includes the practices, beliefs and observances that are part of a faith, spirituality, or religion. It does not include personal moral, ethical, or political views.

“*supporting documentation*” means applicable Accommodations Appendices A, B, C, D, E and any additional documents required or requested by the CCEB to supplement the Candidate's request for testing accommodations.

“*testing accommodations*” means an adjustment or modification to the standard testing procedures or testing conditions that assists in removing barriers faced by the Candidate in writing the examination as a result of a physical disability, mental disability, or religious belief without doing any of the following:

- impairing the CCEB's ability to determine whether the Candidate possesses the essential knowledge, skills and abilities required to practice chiropractic;
- imposing an undue hardship on the CCEB or other Candidates;
- compromising the security of the examinations;
- compromising the validity and reliability of the examinations.

### Process to Obtain Accommodations for a Disability

Requests for testing accommodations due to a disability must be filed by the Candidate, with **all** completed supporting documentation, prior to the initial application deadline, along with the Candidate's completed application to take the CCEB examination(s). The CCEB requires current supporting documentation as per CCEB Testing Accommodations Policy definitions.

Accommodations will only be provided where the request for accommodation is based on a recognized disability. A request for accommodation based on disability must be supported by information from a qualified medical professional. Candidates must demonstrate how the disability interferes with the Candidate's ability to write the CCEB examination(s) and how the accommodation sought will assist in addressing the concern.

Requests for testing accommodations should be sent to [exams@cceb.ca](mailto:exams@cceb.ca) and must include the required supporting documentation, including the following:

- Testing Accommodations Appendix A – Candidate Testing Accommodations Request - Disability
- Testing Accommodations Appendix B – Medical Documentation Supporting Request for Testing Accommodations - Disability
- Testing Accommodations Appendix C – Chiropractic Program Documentation Candidate Testing Accommodations Request - Disability
- All supplemental information required by the Appendices
- For learning disabilities, ADD/ADHD, and/or Asperger's diagnosis, a valid and current psycho-education assessment must be provided.

Candidates are responsible for any fees charged by their medical professionals for completing the forms.

The supporting documentation may be used by the CCEB to verify whether a Candidate has a disability, to understand the impact of the disability, and to understand any resultant restrictions the disability places on the Candidate. CCEB must have sufficient information to properly assess the impact of the disability on the Candidate's ability to take the examination(s), and to be able to determine appropriate accommodations, if any. The CCEB may request additional information in the course of considering the request for testing accommodations. The CCEB may, of its own accord or through the Candidate, require further validation of any statements contained in the required documents and medical report(s) provided by the Candidate.

#### Process to Obtain Accommodations for a Religious Belief

Requests for testing accommodations due to a religious belief must be filed by the Candidate, with **all** completed supporting documentation, prior to the initial application deadline, along with the Candidate's completed application to take the CCEB examination(s).

Accommodations will only be provided where the request for accommodation is based on a religious belief. Candidates must demonstrate how the religious belief interferes with the Candidate's ability to write the CCEB examination(s) and how the accommodation sought will assist in addressing the concern.

Requests for testing accommodations should be sent to [exams@cceb.ca](mailto:exams@cceb.ca) and must include the required supporting documentation, including the following:

- Testing Accommodations Appendix D – Candidate Testing Accommodations Request - Religious Belief
- Testing Accommodations Appendix E – Chiropractic Program Documentation Candidate Testing Accommodations Request - Religious Belief

The supporting documentation may be used by the CCEB to verify whether a Candidate has a religious belief, to understand the religious belief, and to understand any resultant restrictions the religious belief places on the Candidate. The CCEB must have sufficient information to properly assess the impact of the religious belief on the Candidate's ability to take the examination(s), and

to be able to determine appropriate accommodations, if any. The CCEB may request additional information in the course of considering the request for testing accommodations.

### Accommodations

Accommodations must be reasonable and need only be provided to the point of undue hardship. Accommodations which impact the integrity of the CCEB examination(s) or examination processes or which interfere with the ability to reasonably assess the Candidate's competencies or knowledge of the examination material will not be provided. There may be other circumstances as well where accommodations cannot be reasonably provided.

The CCEB will assess each request for accommodation on a case-by-case basis and will take into account any recommendations made. The decision, and type of accommodation granted, if any, will depend on the nature and extent of the Candidate's personal situation, the supporting documentation provided, the accommodation requested, and the requirements of the examination. The decision to grant an accommodation and the type of accommodation granted is at the sole discretion of the CCEB.

As part of the consideration for testing accommodations, the CCEB reserves the right to assign the most appropriate centre to provide testing accommodations to the Candidate. The Candidate may be assigned to an examination site, other than their selected preference, given that a type of accommodation may not be available at every examination site.

If the CCEB decides to grant an accommodation to the Candidate, then the accommodation will only be valid for one examination session. Except in the case of accommodations for a religious belief, a Candidate must submit a new request for accommodation for each examination session.

### Scope

This policy applies to any Candidates seeking testing accommodations with respect to CCEB examinations.

### Responsibility

Approval (Policy): Changes to this policy must be approved by the CCEB Board of Governors.

Approval (Accommodations): The CCEB CEO shall have sole approval authority with respect to testing accommodations.

### References

Testing Accommodations Appendix A  
Testing Accommodations Appendix B  
Testing Accommodations Appendix C  
Testing Accommodations Appendix D  
Testing Accommodations Appendix E



**APPENDIX A**  
**CANDIDATE TESTING ACCOMMODATIONS REQUEST - DISABILITY**  
(to be completed by examination(s) Candidate)

This form is part of the Application Form for the CCEB examination(s). Candidates are responsible for completeness and accuracy of the information provided. This form must be completed and returned by the initial Examination Application Deadline. Please refer to the CCEB Testing Accommodations Policy as it applies to the application.

**(Please print clearly and legibly.)**

1. Candidate/Examination information:

Candidate name:	
Examination(s) applied for:	
Examination date:	

2. Disability information:

This disability is:      temporary \_\_\_\_\_                      or                      permanent \_\_\_\_\_

Nature of disability <sup>1</sup> :	

Explain how the disability limits your ability to demonstrate, under standard testing conditions, that you possess the knowledge, skills, and abilities evaluated on the examination(s). Please provide information about the functional limitations you have due to the disability and the impact that is has on your ability to write the CCEB examination (use additional paper if required):

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<sup>1</sup> You may, but are not required to, disclose a specific diagnosis. You are required, however, to provide information on the general nature of the disability.

3. Prior Accommodations:

Testing accommodations granted (and used by the Candidate) by chiropractic program:	

4. Requested Accommodations:

The CCEB Written Examination is a one-day multiple choice (MCQ) examination with a total of 255 items administered in two parts: a morning session and an afternoon session (separated by a lunch break). Each session is three hours in length. The format of the test includes both standard MCQ items with four answer options and case-based items with three answer options.

Candidates who use remote proctoring are only permitted to take breaks between the morning and afternoon sessions.

The Clinical Examination is an Objective Structured Clinical Exam (OSCE) format consisting of twelve, 12-minute active scoring stations.

Written Examination	
Clinical Examination	

5. Additional Comments:

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6. Candidate Undertaking:

I confirm that all the information on this form is true and correct, and that the information contained herein may be: (a) provided to, and reviewed by, other bodies; (b) retained by the CCEB; and (c) provided to staff at the examination site as required.

I acknowledge that I have read and understood the CCEB Testing Accommodations Policy.

I acknowledge that, in the course of providing accommodations, the CCEB reserves the right to assign the Candidate to an appropriate testing location, which may differ from the Candidate's preference. I understand that the accommodation requested above may not be granted but the CCEB will attempt to provide reasonable accommodation that does not create an undue hardship. I

understand that the CCEB may need to obtain additional information regarding my disability to further evaluate my request for accommodation.

Candidate name (print):	
Candidate signature:	
Date:	

**APPENDIX B**  
**MEDICAL DOCUMENTATION**  
**CANDIDATE TESTING ACCOMMODATIONS REQUEST - DISABILITY**  
(to be completed by certified practitioner and attached to a current medical report)

This form is part of the Application Form for the CCEB examination(s). Candidates are responsible for completeness and accuracy of the information provided. This form must be completed and returned by the initial Examination Application Deadline. Please refer to the CCEB Testing Accommodations Policy as it applies to the application.

**The CCEB requires this document in addition to a current medical report completed by a certified practitioner.**

The CCEB may contact you, the practitioner, for further information if required.  
(Please print clearly and legibly.)

1. Candidate Information:

Candidate name:	
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2. Certified Practitioner Information:

**(Please attach a business card or business letterhead.)**

Practitioner name:	
Field of Specialty and Professional Designations:	
License/Certificate number:	
Address:	
E-mail address:	
Telephone number:	

3. Relationship with Candidate:

I have known \_\_\_\_\_ (Candidate) since \_\_\_\_\_ (date)  
in my capacity as \_\_\_\_\_ (professional title).

Length of time treating Candidate: \_\_\_\_\_

Date of last consultation/treatment (other than for the purpose of completing this form): \_\_\_\_\_

Is the Candidate following a recommended treatment program? \_\_\_\_\_



4. CCEB Examination Information:

The CCEB Written Examination is a one-day multiple choice (MCQ) examination with a total of 255 items administered in two parts: a morning session and an afternoon session (separated by a lunch break). Each session is three hours in length. The format of the test includes both standard MCQ items with four answer options and case-based items with three answer options.

Candidates who use remote proctoring are only permitted to take breaks between the morning and afternoon sessions.

The Clinical Examination is an Objective Structured Clinical Exam (OSCE) format consisting of twelve, 12-minute active scoring stations.

5. Candidate Disability: \_\_\_\_\_

Provide general nature of disability, disorder, or condition, including date that the disability was initially diagnosed. (Note: unless the Candidate consents, a specific diagnosis of disability is not required to be provided. However, we ask that you provide information on the general nature of the disability.)

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The disability is:      temporary \_\_\_\_\_                      or              permanent \_\_\_\_\_

If this is a temporary disability, what is the anticipated prognosis for recovery: \_\_\_\_\_

Describe the limitations and restrictions on the Candidate arising from the Candidate's disability, disorder, or medical condition:

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Describe how the limitations and restrictions on the Candidate relate to examination procedures and performance:

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Is the Candidate taking any medications which may impact testing or examination performance? If so, what are the possible effects? \_\_\_\_\_

6. Recommended Testing Accommodations:

Written Examination (multiple choice/case-based)	
Clinical Examination (OSCE)	

7. Practitioner Undertaking:

I confirm that all the information on this form, and attached medical report, is true and correct, to the best of my knowledge. I acknowledge that the information contained herein may be: (a) provided to, and reviewed by, other bodies; (b) retained by the CCEB; and (c) provided to staff at the examination site as required.

Practitioner name (print):	
Practitioner signature:	
Date:	



**APPENDIX C**  
**CHIROPRACTIC PROGRAM DOCUMENTATION**  
**CANDIDATE TESTING ACCOMMODATIONS REQUEST - DISABILITY**  
 (to be completed by the head of the Student Services Centre)

This form is part of the Application Form for the CCEB examination(s). Candidates are responsible for completeness and accuracy of the information provided. This form must be completed and returned by the initial Examination Application Deadline. Please refer to the CCEB Testing Accommodations Policy as it applies to the application.

**(Please print clearly and legibly.)**

1. Candidate Information:

Candidate Name:	
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2. Chiropractic Program and Student Services Information:

Name of Chiropractic College:	
Name of person completing this form:	
Title of person completing this form:	
E-mail address:	
Telephone number:	

3. CCEB Examination Information:

The CCEB Written Examination is a one-day multiple choice (MCQ) examination with a total of 255 items administered in two parts: a morning session and an afternoon session (separated by a lunch break). Each session is three hours in length. The format of the test includes both standard MCQ items with four answer options and case-based items with three answer options.

Candidates who use remote proctoring are only permitted to take breaks between the morning and afternoon sessions.

The Clinical Examination is an Objective Structured Clinical Exam (OSCE) format consisting of twelve, 12-minute active scoring stations.

4. Accommodations Information:

This Candidate received testing accommodations at this institution: Yes \_\_\_ No \_\_\_

If yes, please complete the following:

Year testing accommodations granted:	
Last review of accommodations granted:	
List of accommodations <b>used</b> by the Candidate:	Multiple Choice/Case-based:
	OSCE:

If no, please complete the following:

Why was the accommodation not provided?	
List of alternate accommodation that may be provided:	Multiple Choice/Case-based:
	OSCE:

5. Undertaking:

I confirm that all the information on this form, is true and correct, to the best of my knowledge. I acknowledge that the information contained herein may be: (a) provided to, and reviewed by, other bodies; (b) retained by the CCEB; and (c) provided to staff at the examination site as required.

Name (print):	
Signature:	
Date:	



**APPENDIX D**  
**CANDIDATE TESTING ACCOMMODATIONS REQUEST – RELIGIOUS BELIEF**  
(to be completed by examination(s) Candidate)

This form is part of the Application Form for the CCEB examination(s). Candidates are responsible for completeness and accuracy of the information provided. This form must be completed and returned by the initial Examination Application Deadline. Please refer to the CCEB Testing Accommodations Policy as it applies to the application. This document applies to all future CCEB exam attempts.

**(Please print clearly and legibly.)**

1. Candidate information:

Candidate name:	
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2. Religious belief information:

Describe the applicable religious belief, practice or observance that necessitates this request for accommodation (use additional paper if required):

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3. Prior Accommodations:

Testing accommodations granted (and used by the Candidate) by chiropractic program:	

4. Requested Accommodations:

Describe the specific accommodation(s) are you requesting, and how this accommodation(s) will assist you (use additional paper if required):

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5. Additional Comments:

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6. Candidate Undertaking:

I confirm that all the information on this form is true and correct, and that the information contained herein may be: (a) provided to, and reviewed by, other bodies; (b) retained by the CCEB; and (c) provided to staff at the examination site as required.

I acknowledge that I have read and understood the CCEB Testing Accommodations Policy.

I acknowledge that, in the course of providing accommodations, the CCEB reserves the right to assign the Candidate to an appropriate testing location, which may differ from the Candidate's preference.

I understand that the accommodation requested above may not be granted but the CCEB will attempt to provide reasonable accommodation that does not create an undue hardship. I understand that the CCEB may need to obtain additional information regarding my religious belief to further evaluate my request for accommodation.

Candidate name (print):	
Candidate signature:	
Date:	



**APPENDIX E**  
**CHIROPRACTIC PROGRAM DOCUMENTATION**  
**CANDIDATE TESTING ACCOMMODATIONS REQUEST - RELIGIOUS BELIEF**  
(to be completed by the head of the Student Services Centre)

This form is part of the Application Form for the CCEB examination(s). Candidates are responsible for completeness and accuracy of the information provided. This form must be completed and returned by the initial Examination Application Deadline. Please refer to the CCEB Testing Accommodations Policy as it applies to the application.

**(Please print clearly and legibly.)**

1. Candidate Information:

Candidate Name:	
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2. Chiropractic Program and Student Services Information:

Name of Chiropractic College:	
Name of person completing this form:	
Title of person completing this form:	
E-mail address:	
Telephone number:	

3. CCEB Examination Information:

The CCEB Written Examination is a one-day multiple choice (MCQ) examination with a total of 255 items administered in two parts: a morning session and an afternoon session (separated by a lunch break). Each session is three hours in length. The format of the test includes both standard MCQ items with four answer options and case-based items with three answer options.

Candidates who use remote proctoring are only permitted to take breaks between the morning and afternoon sessions.

The Clinical Examination is an Objective Structured Clinical Exam (OSCE) format consisting of twelve, 12-minute active scoring stations.

4. Accommodations Information:

This Candidate received testing accommodations at this institution: Yes \_\_\_\_ No \_\_\_\_

If yes, please complete the following:

Year testing accommodations granted:	
Last review of accommodations granted:	
List of accommodations <b>used</b> by the Candidate:	Multiple Choice:
	OSCE:

If no, please complete the following:

Why was the accommodation not provided?	
List of <u>alternate accommodation that may be provided</u> :	Multiple Choice:
	OSCE:

5. Undertaking:

I confirm that all the information on this form, is true and correct, to the best of my knowledge. I acknowledge that the information contained herein may be: (a) provided to, and reviewed by, other bodies; (b) retained by the CCEB; and (c) provided to staff at the examination site as required.

Name (print):	
Signature:	
Date:	